

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/031033

FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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18		3		/		
19		/		/		
20		/		/		
21					/	
22						1
23						1
24						1
25						1
26						1
27						1
28					/	1
29						1
30						1
31						1
32						1
33						1
34					/	1
35						1
36						1
37						1
38						1
39						1
40						1
41						1
42						1
43						3
44						3
45						4
46						5
47						
48						
49						
50						
TOTAL IND.	4	↓	4	↓	3	↓
TOTAL DEP.	28	=	16	=	30	=
TOTAL CLAIMS	32		20		33	

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*** MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS**